## PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

Application or Docket Number

Co629 495

CLAIMS AS FILED - PART I (Column 1) (Column 2)									SMALL ENTITY TYPE OR			OTHER THAN SMALL ENTITY	
TOTAL CLAIMS			20				RAT	E	FEE	ì Ì	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		BASIC	FEE	375.00	OR	BASIC FEE	750.00	
TOTAL CHARGEABLE CLAIMS			€ minus 20=		*		X\$ 9	=		OR	X\$18=	· .	
IND	EPENDENT CL	AIMS	3 minus 3 =		* (	<b>)</b>	X42	=	4 ,	OR	X84=		
		DENT CLAIM PI			ž :		+140	· )=		OR	+280=		
r 1 %. i	and the first of the section of the	in column 1 is		ro, enter	"0" in co	olumn 2	TOTA	1	2)(-	40	TOTAL	0	
CLAIMS AS AMENDED - PART II								1	7/5_	,	OTHER	THAN	
	(Column 1) (Column 2) (Column 3)							LL	ENTITY	OR	SMALL	N. *	
AMENDMENTA		CLAIMS REMAINING AFTER AMENDMENT	HIGH NUM PREVI PAID		BER DUSLY	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE	4	RATE	ADDI- TIONAL FEE	
NDW	Total	*	Minus			= 3	X\$ 9	=		OR	X\$18=		
AME	Independent		Minus	***	F CL AIM	= -	. X42	= .		OR	X84=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+140	= ,		ΘR	+280=	1		
								TAL		QR	TOTAL ADDIT FEE	* *	
i in		ADDIT, I				ADDIT. FEET							
MENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NON NON	Total 🚛	*	Minus	**	h s.	=	X\$ 9	= :		OR	X\$18=		
AME	Independent	* NTATION:OF M	Minus	***	CLAIM	=	X42	=		OR	X84=		
	MINOUTHESE	NIATION OF W	JLTIPLE DEF	EINDEINI	CLAIIVI		+140	=	ı	OR	+280=	4 24	
							TO ADDIT, I			OR.	TOTAL ADDIT. FEE		
(Column 1) (Column 2) (Column 3)									9				
AMENDMENTC		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL	
	Total ∞	*	Minus	**	3 3	=	X\$ 9	<u>.</u>	م من المناس	OR.	X\$18=		
	Independent	*	Minus	***	T CL AINA	= 8	X42	=		ÖR	X84=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+140	<u> </u>		OR	+280=	÷	
	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."									OB.	TOTAL	** le :	
***	If the "Highest Nu	mber Previously F nber Previously Pa	aid For" IN THI	SSPACE	is less thai	n 3, enter "3."	ADDIT. I		propriate box		ADDIT. FEE lumn 1.		